PTO/SB/31 (09-04)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Inder the Parerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number NOTINE OF APPEAL FROM THE EXAMINER TO Docket Number (Optional)

THE BOARD OF PATENT APPEALS AND INTERFERENCES	511582002420			
In re Application of Aya JAKOBOVITS et al.	·			
Application Number 10/001,469	Filed October 31, 2001			
	RESPONDING PROTEIN ENTITLED EATMENT AND DETECTION OF			
Art Unit 1642	Examiner M. Davis			
Applicant hereby appeals to the Board of Patent Appeals and Interferences	from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))	\$ 500.00			
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the above is reduced by half, and the resulting fee is:	fee shown \$ 250.00			
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.	•			
The Director has already been authorized to charge fees in this applical have enclosed a duplicate copy of this sheet.	ation to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. Output Deposit Account No. Output				
A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22)				
I am the applicant /inventor	Kate 4. Mussen			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Kate H. Murashige Typed or printed name			
x attorney or agent of record.				
Registration number29,959	(858) 720-5112			
attorney or agent acting under 37 CFR 1.34.	Telephone number			
Registration number if acting under 37 CFR 1.34.	June 9 , 2005			
NOTE: Signatures of all the inventors or assignees of record of the entire interest Submit multiple forms if more than one signature is required, see below*.	Date for their representative(s) are required.			
x *Total of1 forms are submitted.				

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS AF, Commissioner for Patents, P.O. Box 1450, Alexandria, NA 22313-1450, on the date shown below.

Dated: June _

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2005 Under ne Paperwork Reduction Act of 1995, no	o persons are required	U.S. Patent and Trad	PTO/SB/21 (0) ed for use through 07/31/2006. OMB 0651-0031 demark Office; U.S. DEPARTMENT OF COMME ormation unless it displays a valid OMB control nur		
EMARKS		Application Number	10/001,469		
TRANSMITT	AL	Filing Date	October 31, 2001		
FORM		First Named Inventor	Aya JAKOBOVITS		
(to be used for all correspondence after	initial filina)	Art Unit	1642		
(*****************	3,	Examiner Name	M. Davis		
Total Number of Pages in This Submiss	sion 4	Attorney Docket Numbe	511582002420		
EN	CLOSURES	(Check all that appl	y)		
X Fee Transmittal Form (1 page + duplicate for fee processing)	Drawing(s)	,	After Allowance Communication to TC		
Fee Attached	Licensing-rel	lated Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment/Reply	Petition		X Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final	Petition to Co		Notice of Appeal (1 page) Proprietary Information		
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address		Status Letter		
Extension of Time Request	Terminal Dis	claimer	X Other Enclosure(s) (please Identify below):		
Express Abandonment Request	Request for	Refund	Return Receipt Postcard		
Information Disclosure Statement	CD, Number	of CD(s)			
Certified Copy of Priority Document(s)	Landso	cape Table on CD			
Reply to Missing Parts/ Incomplete Application	Remarks				
Reply to Missing Parts under 37 CFR 1.52 or 1.53	Customer No	o. 36327			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name MORRISON & FOERSTER LLP Signature Printed name Kate H. Murashige Date June <u>9</u>, 2005 Reg. No. 29,959

I hereby certify that this correspon an envelope addressed to: MS AF	dence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on the date shown below.
Dated: June <u>9</u> , 2005	Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Signature: Marian L. Christopher)

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Complete if Known

FEE TRANSMITTAL FOR Y 2005 X Applicant claims amail entity status See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 250.00 Attorney Docket No. 511582002420	Effe	ective on 12/08/200	4.	Complete if Known					
For FY 2005	Effective on 12004. Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nur						
Examiner Name	FEE TRANSMITTAL		Filing Date	C	october 31, 20	001			
X Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1642			First Named Inv	ventor A	Aya JAKOBOVITS				
TOTAL AMOUNT OF PAYMENT (\$) 250.00 Altomey Docket No. 511582002420		71 1 200	<u>J</u>	Examiner Name	. N	1. Davis			
METHOD OF PAYMENT (check all that apply)	X Applicant claims s	mall entity status.	See 37 CFR 1.27						
Check	TOTAL AMOUNT OF F	PAYMENT	(\$) 250.00	Attorney Docket	No. 5	11582002420)		
Deposit Account Deposit Account Number Q3-1952 Deposit Account Number D4-1952 D4-195	METHOD OF PAYM	ENT (check all	that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below	Check Cred	it Card	Money Order N	one Other ((please identi	fy):			
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X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments X Credit any overpayments Teleg(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments	For the above-io	dentified deposit	account, the Director	is hereby authorize	ed to: (checl	k all that apply)			
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Signature Sign	1. BASIC FILING, SEAL				F \	ATION: 5===			
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	Signature	III. V	y under		29,959	Telephone	(858) 720)-5112	
	Name (Print/Type) Kate I		0			Date	June 9	_, 2005	